

Nevada TOTS Grant Program



\$5,000 GRANTS FOR CHILDREN WITH DISABILITIES

Administered by the Nevada State Treasurer's Office

Apply at NevadaTreasurer.gov/TOTS

ABLE Account Enrollment Guide

Thank you for applying for the TOTS Grant Program. To finalize your application, you will need to enroll your child with a disability into the Nevada ABLE Savings Program. This step is necessary to avoid any unnecessary disruptions to benefits programs your child may be already receiving.

Please use this step-by-step guide to complete the enrollment process to establish an ABLE Account online.

If you have any questions or experience difficulties during the enrollment, please email ask@nevadatreasurer.gov

Note: If you would like to be provided a debit card to utilize your TOTS grant funds, please select the “Checking Option” in Section 3: Choose Investments.

Note: Typically, a minimum of \$25 is needed to establish an ABLE Account. However, for the TOTS Grant Program, new account holders will not need to provide an initial contribution to set up an account. To avoid having to incur any charges upfront, please select “Check” in Section 4: Choose a Contribution Method.

Initial Steps: First, please ensure you have completed the initial application for the TOTS Grant Program. This application can be found at NevadaTreasurer.gov/TOTS.

To complete your application for the TOTS grant program, the parent or guardian who submitted the initial application for the TOTS Grant, will also need to establish an ABLE account in the child’s name through the Nevada ABLE Savings Program.

To set up an ABLE account [please visit this link](#), and click “Get Stared” on the right hand side of the page. When you arrive on the main page, you see the box below.

In this initial section, please fill in the information for the child with the disability who you are opening the account for. Throughout the enrollment process, the “Account Owner” will always be the individual with the disability.

Enter New Account Owner's Information

The Account Owner is the Individual with the disability. Please enter their information here.


Account Owner's First Name

Account Owner's Last Name

Enter the email address and phone number to which all communications from the plan should be sent - enter only one email address.

Email


Primary Telephone

continue 

Section 1: About the Account Owner

Once you successfully input the first name, last name, email address, and primary telephone number, you will be directed to a new screen after clicking “continue.”

Under the first prompt on the next page, please select “I am the Parent or Guardian of the minor eligible Account Owner.”


**Who is opening the account?**

☐ I am opening the account for myself

☐ I am the Parent or Guardian of the minor eligible Account Owner

☐ I am the Authorized Individual of an eligible adult Account Owner

Once you’ve completed this, you can move on to providing additional information about the Account Owner, which is the child you’re establishing the ABE account for. Please provide all the information required.

**About the Account Owner**

This is the eligible individual whose qualified disability expenses will be paid from this account. If you are enrolling on behalf of the Account Owner, you will add your information later in this process.

First name MI Last name

Permanent address (No P.O. Box)

City State Zip

☐ Check if your mailing address is the same as your permanent address

Mailing address

City State Zip

In this next box, you will need to select which type of disability applies to the child you're establishing the account for. If you do not see your child's disability type listed, please select "Code 7 – Other." If the account owner falls under multiple disability categories, please only select one option.

Note: *This information is required by the federal government and will only be used for reporting purposes.*

Please select the Account Owner's disability, the onset of which occurred prior to their 26th birthday:

(The following information is required by the federal government and will only be used for aggregate reporting purposes. Report only one primary code number for an Account Owner. If more than one code applies, select the most significant code)

- ☐ **Code 1** - Developmental Disorders: Autistic Spectrum Disorder, Asperger's Disorder, Developmental Delays and Learning Disabilities
- ☐ **Code 2** - Intellectual Disability: May be reported as mild, moderate, or severe intellectual disability
- ☐ **Code 3** - Psychiatric Disorders: Schizophrenia, Major depressive disorder, Post-traumatic stress disorder (PTSD), Anorexia nervosa, Attention deficit/hyperactivity disorder (AD/HD), Bipolar disorder
- ☐ **Code 4** - Nervous Disorders: Blindness, Deafness, Cerebral Palsy, Muscular Dystrophy, Spina Bifida Juvenile-onset Huntington's disease, Multiple sclerosis, Severe sensorineural hearing loss, Congenital cataracts
- ☐ **Code 5** - Congenital Anomalies: Chromosomal abnormalities, including Down Syndrome, Osteogenesis imperfecta, Xeroderma pigmentosum, Spinal muscular atrophy, Fragile X syndrome, Edwards syndrome
- ☐ **Code 6** - Respiratory Disorders: Cystic Fibrosis
- ☐ **Code 7** - Other: Includes Tetralogy of Fallot, Hypoplastic left heart syndrome, End-stage liver disease, Juvenile-onset rheumatoid arthritis, Sickle cell disease, Hemophilia, and any other disability not listed under Codes 1 - 6

For the next prompt, please select which option you are asserting your child's eligibility to establish an ABL account under.

- If the child is currently entitled to Social Security Disability benefits (SSDI), please select that option.
- If the child is entitled to Supplemental Security Income benefits (SSI), please select that option.
- If neither of those options apply to your child, please select the third option, which affirms that the child has a diagnosed disability signed by a licensed physician.


Note: You **do not** need to provide medical records supporting the account owner's disability during the account enrollment process. However, you should maintain these in the event of an IRS audit.

Basis under which ABL eligibility is asserted: *(Select only one)*

- ☐ The Account Owner is entitled to Social Security Disability benefits under Title II of the Social Security Act. (SSDI Benefits Eligibility)
- ☐ The Account Owner is entitled to Supplemental Security Income benefits under Title XVI of the Social Security Act. (SSI Benefits Eligibility)
- ☐ The Account Owner possesses a written disability diagnosis, signed by a licensed physician, affirming that the Account Owner disability onset was prior to age 26 and that the disability is of a level of severity that meets the Social Security Act disability standard. Please **DO NOT** submit the written disability diagnosis with your enrollment. Simply keep the document in your files.

Section 2: About the Parent/Guardian of the Minor Account Owner

In this next section, please complete all the required information for the Parent/Guardian who is establishing an account.

 **About the Parent/Guardian of the Minor Account Owner**

To be completed by the Parent, Guardian or other adult who is serving as the Authorized Individual to a minor Account Owner.

☐ Check if the Parent/Guardian's address is the same as the Account Owner's address.

First Name MI Last Name

Permanent address (No P.O. Box)

City State Zip

☐ Check if the Parent/Guardian's mailing address is the same as the Parent/Guardian's permanent address.

Mailing address

City State Zip

Telephone (the best number to reach you)


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Section 3: Choose Investments

The ABLE Nevada offers a range of investment options to match both your goals and comfort with risk.

- **Risk Based Options** - From aggressive options seeking higher returns to conservative investments that place capital preservation over growth, the ABLE Nevada program has choices for every investor.
- **Fifth Third Bank Checking/Debit Card Option** - You can even contribute to an FDIC-insured checking account (through Fifth Third Bank, National Association) that lets you withdraw money using a debit card. This allows you and your child to easily use TOTS Grant funds for everyday expenses.

In this section, please select one or more of the investment options listed. If you would like to sign up for the Checking/Debit Card option (which is the most flexible option), please type in "100%" in the field marked "Checking Option."

 **Choose Investments**

Choose from the options below how you would like the money in the account to be invested

Please select one or more Investment Options from the choices below. If you choose one Investment Option, please indicate 100% next to that option. If you choose more than one Investment Option, please indicate the percentage amount of the contribution you would like invested into each of the selected Investment Options.

- Use whole percentages only.
- Your total Investment Option percentages must equal 100%.

Click on any investment option to learn more about that choice. Only one description can be open at a time.

Aggressive Option	<input type="text"/> %
Moderately Aggressive Option	<input type="text"/> %
Growth Option	<input type="text"/> %
Moderate Option	<input type="text"/> %
Moderately Conservative Option	<input type="text"/> %
Conservative Option	<input type="text"/> %
Checking Option	<input type="text"/> %
TOTAL	<input type="text"/> %

Section 4: Pick a Contribution Method

Typically, ABLE accounts require a minimum \$25 contribution for new accounts to be established. However, the TOTS Grant Program will allow funds to be distributed into ABLE accounts, without an initial contribution.

If you would like to establish a mechanism for one-time or recurring contributions into your child's ABLE account, please select one of those options at this point. However, if you would just like to receive TOTS Grant funds into the ABLE account, please select "Check" to avoid having to incur any costs.



Pick a Contribution Method

How will money be contributed to the account?

Any initial and additional contribution must be at least \$25.

Section 5: Choose a Delivery Method for Plan Documents

At this stage you can select how you would prefer to receive statements concerning your child's account delivered to you. You can select to receive either paper or electronic statements.



Choose a Delivery Method for Plan Documents

If e-delivery notification is chosen for statements and confirmations, the \$15 Quarterly Account Maintenance Fee will be reduced to \$11.25. By selecting e-delivery, you confirm that you are able to receive e-mail messages containing electronic documents, or e-mail notices that electronic documents are available for viewing online. You may provide, update or remove your email address at any time by accessing the account.

Please note: If you plan to invest in the Checking Option, separate statements will be provided by Fifth Third Bank. To change your Fifth Third delivery preferences go to www.53.com/ABLE after receiving your free debit card and confirmation of your deposit. By selecting electronic statement delivery you will be eligible to receive a waiver of the \$2.00 monthly maintenance fee.

Section 6: Security

At this stage, you will need to establish a username and password to access your child's ABLE account and any TOTS grant funds.



Security

One Last Step Before You Review the Application

Fill out the information below to set up your username, password, security questions and security image.

Create Username and Password

This username and password must be used to access the account.

Username
(Must be 6-25 characters)

Password

(Your password must be at least 8 characters long and contain at least 3 of the 4 following criteria: upper case, lower case, numeric, or special characters such as !, @, #, \$, % etc.)

Retype Password

Section 7: Complete the Account

At this final stage, you will be able to review all the information you provided in the previous steps for accuracy and completeness.

Once you've verified that the information is correct, you can click "Sign" in the bottom right hand to establish your child's account.



Confirm the Account Information

Verify and Submit - Electronic Signature Required

Please review the following summary of the information you've provided on this application. You can make changes by clicking "edit" in the appropriate section. When you are sure that the information is correct, click "sign" to submit the information and complete this process. (This will act as your electronic signature for this application.)

I understand that attaching my e-signature below is legally equivalent to submitting a document signed by hand, and that clicking the button below manifests my desire and intent to open the account under the terms described below.